Virginia Department of Corrections
Employee, Visitor, Volunteer, Contractor Screening Questionnaire

The safety of our employees, offenders, volunteers, contractors, visitors and families remains Virginia Department of Corrections overriding priority. As the Coronavirus Disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, VADOC will monitor the situation closely and will periodically update the guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees, offenders, volunteers, contractors, visitors and families we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you. Thank you for your understanding.

Name:	**Mobile/Home Phone Number:**
Employee / Visitor / Volunteer / Contractor:	**Department/ Offender Visiting / Program:**
Facility Name:	**Date of Visit:**

If the answer is "yes" to any of the following questions, access to the facility may be denied.

SELF-DECLARATION BY EMPLOYEE, VISITOR, VOLUNTEER or CONTRACTOR	
1.	Have you traveled outside the United States within the last 14 days? ☐ Yes ☐ No
2.	Have you been in contact with someone who has traveled outside the United States within the last 14 days? ☐ Yes ☐ No
3.	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? No ☐ Yes ☐ No
4.	Have you experienced any cold or flu-like symptoms in the last 14 days, to include any of the following: Fever ☐ Yes ☐ No Cough ☐ Yes ☐ No Sore Throat ☐ Yes ☐ No Respiratory Illness ☐ Yes ☐ No Difficulty Breathing ☐ Yes ☐ No If you have any of the above mentioned symptoms, what is the onset date of first symptoms: _____

Signature:_____ Date: _____

Note: If at any time, your responses change, please notify staff immediately

Access to facility (circle one): Approved Denied